

keset Form - Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	This report must be		It should b	e typed)	
Number	Report Filed By (Mark X)	Candidate	Cor	nmittee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	NAN	scy A	605	TINE	Salar Adams A
Street Address	8241	CURTIC	- 1	SAI	
City ERj	E	State	A Zip	Code / (0	509
Type of Report (Place x under report type)	dicensoraci/bearenavoro.	and the same of th	10450	/ U	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Po	st // 6th Tuesday c a	friday 6-30 Da	une a legen	www.peleceson.com	A STATE OF THE STA
Pre-Primary Pre-Primary Primary		Election Election		nnual Special 2 nd Fri Pre-Election	day Special 30 Day Post-Election
				A	5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
Date Of Election (MM/DD/YYYY)	Year	Amendn Report	nent	Termination Report	X
Summary of Receipts and From Date Expenditures	To Date			For Office Use Only	
A. Amount Brought Forward From Last Repo	7 12-31	-17			
B. Total Monetary Contributions and Receipt	Slox.	41		-	20
(From Schedule I)	\$ 6,5	9		9_	CO
C. Total Funds Available (Sum of Lines A and B)	\$ 319	ann)		照恩	233
D. Total Expenditures	\$ 000			mo	1
(From Schedule III)	869.	α		55	C)
E. Ending Cash Balance (Subtract Line D from Line C)	\$			SE	
F. Value of In-Kind Contributions Received	\$				
(From Schedule II)		0		0	- ×
G. Unpaid Debts and Obligations (From Schedule IV)	. \$			d	ω
	Δf	fidavit Section			
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Candidate	report candidate sign	here.		
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ched schedules on paper,	is to the best of my kn	wledge and I	belief true, correct and con	polete.
5 day of Januaryo 17	3 8 8		16	1.51	
asy or See 100 1 to		- Sign	ature of Perso	Submitting report,	$\stackrel{\smile}{\longrightarrow}$
Signature		- MAN	04 1	TOUSTINI	E
Signature 1-2-19	日本養殖養園	aust	Prints	d Name	7.5
My Commission expires MO. DAY YR.	- 레볼볼륨	8/9		410-1	123
100000 T.	2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	Area Code		Daytime Telephone Nu	mber
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge.	Committee, candidate sha	all sign here.			
I swear (or affirm) that to the best of my knowledge amended.	E E E	iimittee has not violate	ed any provisio	ons of the Act of June 3, 19	37 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	COM				
day of20	- '1				2 (2 x) x
			Signature of	Candidate	
Signature	.1	1	Printed N	lame	
My Commission expires	-				
MO. DAY YR.		Area Code	-	Daytime Telephone Num	ber
					2012

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	EVIET	· vanara i i i ca	ADVANCALIS ROBERTINO DE LA CONTROL DE LA CON
The Juditin Cation Number			·
E CONTRACTOR AND			
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period (1		\$	/ ~0
	'	*	4,59
Part A and Part B)			
Contributions Received from Political Committees (Part A)	TE ST	\$	
All Other Contributions (Part B)		\$	
Total for the reporting period (2))	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		<u> </u>	
20.750-7-128		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (3)		\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)	1	5	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	5	5	6,59

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		elvert (vina A. Sic Andrés provincies (sur para provincies especial) esp		
		Chaire abused Cara transcript consequen	MANIFORMITEN ELECTRICA (CALLER EN POPRIT EN EN POPRITENCIA PROCESAR E COMP. DECEMBER	Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] - \$	- Constitution of the cons
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	列学发药		Date [MM/DD/YYYY] S	oculat njegopog a sa cura.
Committee	990		Date (Min/DD/III)	
House # Street Ac	Idress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	The state of the s		Date [MM/DD/YYYY] . \$	
House # Street Ad	dress	1	Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
iHouse# Street Ad	dress		Date [MM/DD/YYYY] \$	9
City	State	Zip Code	Date [MM/DD/YYYY]S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Add	iress	ē.	Date [MM/DD/YYYY] 5.	
City	State	Zip Code	Date [MM/DD/YYYY) S	
Full Name of Contributing Committee	-ata 9		Date [MM/DD/YYYY] S	Maria (Maria Tanzaria)
House # Street Add			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	TENERO CONTRACTOR CONT	Code of the Long was asserted by the Long to the Long		COMMUNICATION OF THE PARTY OF T
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Second Filter	TO A SANDER LESS SHIP SERVICE THE PROPERTY HOUSE			
Full Name of Contributor			Date [MM/DD/YYYY] \$	ini (Sentra
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 25	
		- Elpicode	Date [MM/DD/YYYY]	
Full Name of Contributor	PERSONAL PROPERTY OF THE PROPE	(0)	Date [MM/DD/YYYY] \$	dozavi dale
			roace (MM/rob/ining)	
House:# Street Ad				
House:# Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYYY] \ \$	AVAILUTE TO
		T.		
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
		LIP COUC	Date [MM/DD/XYYY)] \$	
Full Name of Contributor				Decression and
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			:Date [MM/DD/YYYY] 5	TESTANCE
House # Street Add	ress		Date [MM/DD/YYYYY] \$	
City .	State	- Zip Code	Date [MM/DD/YYYY] 3 \$	
	State	Zip code	Date [MM/DD/YYYY] = 5	
Full Name of Contributor	18.4 Eq. (1	Maria Ma	Date [MM/DD/YYYYY] \$	PAIGNAM
			Date [MM/DD/YYYYY] 5	
(United in the Control of the Contro	Pitto)			
House # Street Add	ress		Date (MM/DD/XXYY) \$,	
City.	State	_Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Eller Identification Numbers	
Full Name of	
Contributing Committee .	Date [MM/DD/YYYY] \$
House # Street Address	
Street Address	Date [MM/DD/YYYY] \$
Gity State Zingers	
State Zip Gode	Date [MM/DD/YYYY] \$
Full Name of	229
Contributing Committee	Date [MM/DD/YYYY] \$
House# Street-Address	
HOUSE # Street Address	Date [MM/DD/YYYY] S
City State Zincous	
State Zip Gode	-Date [MM/DD/YYYYY] \$
Full Name of	
_Contributing Committee	Date (MM/DD/YYYY) 5
House # Street Address	
Succession	Date [MM/DD/YYYY] \$5
City State 710 Code	
State Zip Gode:	Date [MM/DD/YYYY) \$
Full Name of	
Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	
	-Date [MM/DD/YYYY] \$
City State Zip Gode	
A STATE OF THE STA	Date [MM/DD/YYYY] S
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] 3.5.
City State Zip Gode	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY) \$
Soft routing Committee	
louse # Street Address	Date [MM/DD/YYYY] \$
State Zip Gode	Date [MM/DD/YYYY]

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

	CLE CLEAR TO BE AND A STATE OF THE STATE OF	THE THE POST OF THE PARTY OF TH	PENNANDA INTERPRESA ESTA PORTA PER PENNANDA ESTA PENNANDA
Full Name of Contributor			Date (MM/DD/YYYY)
House # Street Address			Date [MM/DD/YYYY] /\$
(City)	State	Zip Gode	Date [MM/DD/YYYY] -5:
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor			1
			Date [MM/DD/YYYY] \$.
House # Street Address	W. Comprehension of the Compre		Date [MM/DD/YYYY]
(City	State	Zip Code	Date [MM/DD/YYYY] \$.
Employer Name		*	Occupation
Employer Mailing Address / Principal Place of Business	Herman		Fund (SEE) on Americans of
Full Name of Contributor	A		Date [MM/DD/YYYY] \$
House # Street Address			_Dâte:[MM/DD/YYYYY] \$
(City)	.State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Marian San San San San San San San San San S		Occupation
Employer Mailing Address / Principal Place of Business	The state of the s		[Facilities Flow Proof STEEN Steel
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			-Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	The state of the s		Occupation
Employer Mailing Address./ Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nu	mber		and the second s		
Full Name					
House #		et Address	State	Zip = 3	Date [MM/DD/YYYY] \$
Receipt Description				Gode	
Full Name					
House # Gity	Stree	et.Address	State	Zip	Date [MM/DD/YYYY]
Receipt Description				Code	Page (MINIAPOVICIAL)
Full Name				umanezzaraka eta eta eta eta eta eta eta eta eta et	
House:#	Stree	t Address	State	Zip.	Date [MM/DD/YYYY] S
Receipt Description				Code .	
Rull Name					
House # Gity	Stree	t Address	State		
Receipt Description				Zip Code	Date [MM/DD/YYYYY] \$
Full Name			granistica de la constante de secretario de secretario de secretario de secretario de secretario de secretario		
House#1 City	Street	Address	State		
Receipt Description			10(6	Zip Gode	Date (MM/DD/YYYY)
Full Name				STEEN S	
House #. Dity	Street	Address	ह ्र	IS-native associ	
Receipt Description			State	Zip Code	Date [MM/DD/YYYYY] \$
		planta some some some some			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SLIMMARY PAGE

filler identification Numbers	CONTROL DE L'ANGE DE	O IVIII	MITAGE
Control of the contro			
1. TUNIHEMIZEDIMKIND COMTRIBU	TONS RECEIVED EVALUE OF S	50100	OR UESSIPERICONTRIBUTION (S.)
TOTAL for the reporting period	(1)	\$	
2 UN: KIND: CONTINUE UTIONS RECEIVE	dawime asset in		
TOTAL for the reporting period		0100((1	ROM: RARINE)
- o whereit the reporting period	(2)	\$	
3. IN WIND GOVER BUTTON RECEIVE	D.VAHUE OVER \$2501001(FRO	VI.P.A.F	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from	DURING THIS REPORTING boxes 1, 2, and 3; also enter	\$	THE CONTROL OF THE PROPERTY OF
on Page 1, Report Cover Page, Item F)	, -,, enter		
		F20	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	THE PROPERTY OF THE PARTY OF TH	VALUE OF \$30.01 TO	7230
J.HIE?/Identification/yumber			
Property of the Control of the Contr			MANAGEMENT PLONE AND
Full Name of Confributor		Samuel Marie San Albert San	Date [MM/DD/YYYY] S
House # Street/Address		Table State Annual State St	SDate [MM/DD/YYYYY] S
Description of Contribution	State	Zip Code	Date [MM/DD/YY/YY] : \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
House#/ Street/Address		Locals transparaneously (see	Date [MM/DD/YYYY] \$
Description of Contribution	State	Zip Côde	Date [MM/DD/YYYM] S
Full Name of Contributor.			Date [MM/Db/YYYY] \$
House# Street Address	Treasure TEXACON PER		Date [MM/DD/YYYY)] \$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYYY] \$
Full Name of Contributor		Semidora attorno secultata e constituente del constituent	Date [MM/DD/YYYYY] S
House # Street Address	I mini kog moznoga j		Date [MM/DD/YYYY] S
City Description of Contribution	State	Zip Code	Date (MM/DD/AYYYY) - \$ 5
Full Name of Contributor		SCHAME TO BE SCHOOL STATE OF THE SCHOOL STATE	(Date MM/DD/YYYY)
House # Street Address			Date [MM/DD/YYYY)] \$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	VALUE OVER \$250)
riferidentification Numbers	2303347700000	the second secon
91.000		Charles and the entra temperatures and the second and the entrance of the second and a second and a second and
FulliName of Gontributor		Date (MM/DD/WYYY) : \$:
	et Address	Date (MM/DD/YYYY)
TCity	State Zip:Gode	Date [MM/DD/YYYY)] \$
Employer Name		Occupation
Employer Mailing Address // Place of Business	(Principal =	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYYY] \$
	Address	Date [MM/DD/YYYY) \$
⁽ City, Employer Name:	-State - Zip Code	Date [MM/DD/YYYY] S
		Occupation.
Employer Mailing Address / Place of Business	Principal	Description of Contribution
Full Name of Contributor House # Ctreat	was nigeria	Date (MM/DD/YYYY)
Street	Address	Date [MM/DD/YYYV] = \$
Employer Name	State Zip Code	-Date (MM/DD/YYYY) - \$
Employer Mailing Address / F		Occupation
Place of Business	rincipal .	Description : of Contribution :
Full Name of Contributor		Date (MM/DD/XXXXX)
House #. Street /		PDate [MM/DD/YYYY]
Gity	State Zip Gode	Date [MM/DD/YYYYY] - 5
		Occupation
mplöyer Mailing Address / R Place of Business	Incipal	Description of Contribution

Statement of Expenditures

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Contribution of the Contri	
Filer Identification Mumber	
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To Whom Paid	1 ANG	1011	FARMS		Date [MM/DD/YYYY]	70.00	
House#	Later Assessment Assessment Street Committee C	NOTO	1 11/13	· .	12/21/2017	5-E-201	
	Street Address				Description of Expenditu	ire	
City	Total State of State of	State	Zip		196.	~ (-a)/a	171185
la de la companya de	10000000000000000000000000000000000000		Code		DERVIT BASK Date [MM/DD/XXXXI] 12/21/2017	ETS FOR VOLVI	VEELS
To Whom Paid	CAN	T EA	CIE		Date [MM/DD/YYYY]	5 7-00	
House#	Street Address	1 2/1		0.1	Description of Expenditu	[/ > .	71
	or eer Audress	INTE	RCHINEF	KIS		15 746年2月1日 1574年2月1日	
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To Whom Raid	とハド		// Code	10501	GIFI CARL	POR TIVOTA	1
io whom raid					Date [MM/DD/YYYY]	\$.	
House#	Street Address				Description of Expenditur	e	3
		list the same and					
City		State	Zip Gode				
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House #	Street Address				Description of Expenditur	e	
City		State-	7 in 2				
		Juli	Zip Code				
To Whom Paid		TE DESIGNATION OF THE			Date [MM/DD/YYYY] : \$		
House#	Street Address				Description of Expenditur	e.	
City	克克克德·克克拉斯拉	State	Zip				
	a contract de la cont		-Code				
To Whom Paid					Date [MM/DD/YYYY] - \$		
House #	Street Address						
	Street Audress				-Description of Expenditure		
City		State-	Zip				
To Whom Paid			Code -				
TO WHOM FAIL					Date [MM/DD/YYYY] : \$		
House#	Street Address				Description of Expenditure		
(CD-)		[Wavestreen]	properties of many more part of				Transport
City		State	Zip Code				
To Whom Paid			Single Property of the	Car Distriction Co.	Date [MM/DD/YYYY] \$		
House#	Street Address			,	Description of Expenditure		
City d	2000年2000	State	7in				
City		31010	<u>Zi</u> p Code				

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Hileridentification Number		
Name of Creditor		Outstanding Balance of Debt
House H Stre	et/Address DATE DEBT INCURRED [MM/DD/YYYY/]	\$ ·
City	State Zip Gode	
Description of Debt		
Name of Greditor House # Stree	et Address DATE: DEBT INCURRED	Outstanding Balance of Debt
city	[MM/DD/YY/YY]	• • • • • • • • • • • • • • • • • • •
Description of Debt	-State Zip -€ode -	
Name of Greditor House # Stree	et Address DATE DEBT INCURRED	Outstanding Balance of Debt S
	[MM/DD/YYYY]	
City Description of Debi	State Zip Code	
Name of Creditor		Outstanding Balance of Debt
(House # Stree	t-Address DATE DEBT INCURRED [MM/DD/YYYY)]	S
City	State Zip Code	
Description of Debt	国际公司 国际公司 国	
Name of Creditor,	acci	Outstanding Balance of Debt
House # Stree	t Address DATE DEBTINGURRED	\$
City	State Zip Gode	
Description of Debt	*	
Name of Greditor	·	Outstanding Balance of Debt
House:#	t Address DATE DEBT INCURRED: [IMM/DD/YYYY]	\$
City Description of Debt.	State Zip Gode	
S C C C C C C C C C C C C C C C C C C C		1,11,11,11,11,11,11,11,11,11,11,11,11,1